

POSITION	ID NO.	DATE
CLASSIFIER	18	11/17/97
EXAMINER	784	7-2-97
TYPIST	784	7-2-97
VERIFIER	784	7-2-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Final	Original	Date
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BEST AVAILABLE COPY

SYMBOLS  
 ✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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